



United States Department of Agriculture  
Marketing and Regulatory Programs  
Agricultural Marketing Service  
Livestock and Seed Program

MGC Instruction 425  
September 22, 2009  
Page 1 of 10

Meat Grading & Certification Branch

**PROCEDURES FOR CLAIMING LOCAL MILEAGE AND TOLLS  
OR MILEAGE ONLY WHEN ON TDY**

**Purpose**

This Instruction specifies Meat Grading and Certification (MGC) Branch procedures for claiming local mileage and tolls or mileage only when performing official travel.

Unless amended by this Instruction, employees must adhere to the [Federal Travel Regulations \(FTR\)](#), the [Agricultural Travel Regulations \(ATR\)](#), and the [Marketing and Regulatory Program \(MRP\) Regulations](#).

All travel related claims which include airfare, lodging, meals and incidental expenses (M&IE), rental cars, ATM fees, or mileage associated to the temporary duty (TDY) must be submitted by completing a voucher in GovTrip (MGC Instruction 424, Meat Grading and Certification Branch Travel Policy).

**Policy**

To receive reimbursement for local mileage, tolls, or mileage only when on a TDY assignment where there is no per diem, etc., as noted above, employees must accurately complete a Travel Voucher (Temporary Duty Travel) form (AD-616) (Exhibit A) according to this Instruction.

**Definitions**

**Actual Duty Point:** The street address of a single location where the employee regularly performs duties or which the employee uses as headquarters. The actual duty point is designated by the supervisor for each employee under his or her supervision. The employee's residence location is not a factor in designating the duty point. Where employees rotate among plants or other assignments within the normal commuting area, or where employees may be expected to perform official duties at more than one site within the normal commuting area, the supervisor will designate a single location as the standard or average actual duty point for the purpose of determining the normal commuting area and the "normal commute."

**Official Duty Station:** The corporate or other established limits of the city or town in which the employee is assigned for personnel purposes.

**Temporary Duty (TDY) Location:** A place away from an employee's official station where the employee is authorized to travel.

**Normal Commuting Area:** Is the area within a circle with a radius of 25 miles from the actual duty point (defined above), plus any area of the corporate or other established limits of the official duty station. The normal commuting area will be the same as the normal commuting area for per diem entitlements under the Federal Travel Regulations and Agriculture Travel Regulations.

**Normal Commute:** The distance of direct travel over normally traveled routes from the employee's residence to the actual duty point, and return.

**AD-616:** The form used to request reimbursement for local mileage, tolls, or mileage only when on a TDY assignment where there is no per diem, etc. An electronic version of the AD-616 form is available or the MGC Branch Office can provide printed copies.

**MGC-58:** The Employee Work Report and Time and Attendance (MGC-58) (Exhibit B) form is used to document daily work location(s), activities and time worked. An electronic version of the MGC-58 form is available or the MGC Branch Office can provide printed copies.

**Note:** The AD-616 form and the MGC-58 form are official records. A signed AD-616 accompanied by a signed MGC-58 form scanned and converted into an Adobe pdf image or a fax image will be accepted as original signed documents.

**Mileage claims will be reimbursable per the FTR as follows:**

The following statements are based on information in the MRP Supplement to the FTR, [Chapter 2301, Marketing and Regulatory Program Supplements to the Agriculture Travel Regulations.](#)

**Single Stop:** When a daily assignment is limited to one stop in the normal commuting area, only mileage over the normal home to work is compensable.

**Multiple Stops:** When a daily assignment involves more than one stop in the normal commuting area and:

1. The travel begins or ends at the actual duty point, the mileage between the actual duty point and residence is not compensable.
2. The first duty point is a temporary duty point within the normal commuting area, reimbursement for miles driven from the employee's residence to the first duty point will not exceed 30 miles.
3. The last duty point is a temporary duty point within the normal commuting area, reimbursement for miles driven between the last duty point and the employee's residence will not exceed 30 miles.
4. The last duty point is a temporary duty point outside the normal commuting area, reimbursement is allowed for miles from the last duty point to the employee's residence.

In the following examples the employee's normal commute – residence to duty point to residence is 15 miles each way.

Example 1 (Single Stop):

Employee travels from residence to duty point and back to residence.

- Mileage is not compensable.

The employee is not entitled to any mileage.



Example 2 (Single Stop):

Employee travels from residence to location A (other than duty point) within the duty station and back to residence.

- If the mileage is less than the normal commute then the mileage is not compensable.

The employee is not entitled to mileage in this example.



Example 3 (Single Stop):

Employee travels from residence to location A (other than duty point) within the duty station and back to residence.

- If the mileage is more than the normal commute then the mileage is compensable for the excess/extra mileage only.

The employee is entitled to claim 20 miles in this example.

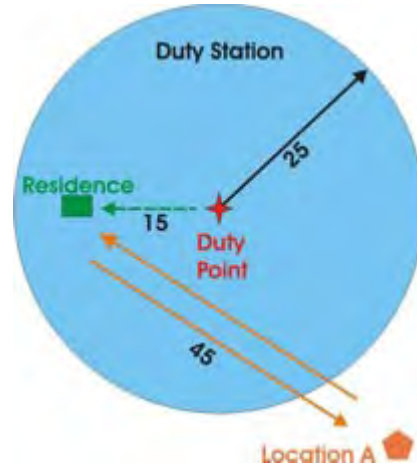


#### Example 4 (Single Stop):

Employee travels from residence to location A outside the duty station and back to residence.

- All mileage is compensable.

The employee is entitled to claim 90 miles in this example.



#### Example 5 (Multiple Stops):

Employee travels from residence to location A (other than duty point), then to duty point, and back to residence.

- Mileage from residence to location A is actual mileage not to exceed 30 miles.
- All mileage from location A to duty point is compensable.
- Mileage from duty point to residence is not compensable.

The employee is entitled to claim 40 miles in this example.



Example 6 (Multiple Stops):

Employee travels from residence to location A (other than duty point), then to location B, and back to residence.

- Mileage from residence to location A is actual mileage not to exceed 30 miles.
- All mileage from location A to location B is compensable.
- Mileage from location B to residence actual mileage not to exceed 30 miles.

The employee is entitled to claim 75 miles in this example.

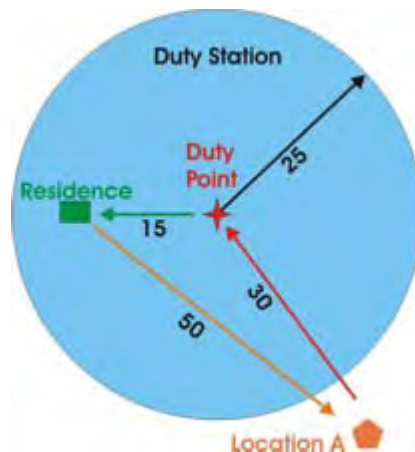


Example 7 (Multiple Stops):

Employee travels from residence to location A outside the duty station, then to duty point, and back to residence.

- All mileage from residence to location A is compensable.
- All mileage from location A to duty point is compensable.
- Mileage from duty point to residence is not compensable.

The employee is entitled to claim 80 miles in this example.



### Example 8 (Multiple Stops):

Employee travels from residence to location A outside the duty station, then to location B (inside the duty station but not the duty point), and then to residence.

- All mileage from residence to location A is compensable.
- All mileage from location A to location B is compensable.
- Mileage from location B to residence actual mileage not to exceed 30 miles.



The employee is entitled to claim 115 miles in this example.

### **Procedures**

Reimbursable mileage rates and other travel information are available online from the MGC Branch Intranet Travel Section.

The numbers listed below correspond to blocks on the AD-616. Complete the blocks on the form as follows:

### **SECTION A IDENTIFICATION**

1. Enter the travel authorization number from the Travel Authorization form (AD-202) (Exhibit C). A new travel authorization number is issued each fiscal year and is effective October 1 through September 30. The actual travel authorization is not distributed to travelers. The travel authorization numbers can be accessed from the MGC Branch Intranet Travel Section.
2. Record the last 4 digits of your Social Security number (XXX-XX-1234).
3. Insert your Last Name/First Name/Middle Initial.
4. Enter Agency Code "02."
5. Record the Originating Office Number as "AG02020193."
6. Leave Blank.
7. Identify the exact starting and ending dates of travel. Use the MM/DD/YY format and ensure that zeros are placed in front of single digit dates (e.g., 05/25/09).

**Note:** Claims made in GovTrip and claims for mileage only cannot have overlapping dates.

Example: If an employee has (a) local mileage for the first week of the month, (b) a GovTrip claim for the second and third week of the month, and (c) local mileage for the fourth week of the month, the employee would need to submit a claim for the first week and another claim for the last week of mileage. Any reimbursable mileage incurred during the second and third week would be claimed via a GovTrip voucher.

8. Record the two-letter code for type of travel. The code is "DM."
9. Leave blank.
10. Leave blank.
11. Leave blank.
12. Insert your Official Duty Station, City name and State abbreviation. Use the following state abbreviations:

Alabama	AL	Kentucky	KY	North Dakota	ND
Alaska	AK	Louisiana	LA	Ohio	OH
Arkansas	AR	Maine	ME	Oklahoma	OK
Arizona	AZ	Maryland	MD	Oregon	OR
California	CA	Massachusetts	MA	Pennsylvania	PA
Colorado	CO	Michigan	MI	Rhode Island	RI
Connecticut	CT	Minnesota	MN	South Carolina	SC
Delaware	DE	Mississippi	MS	South Dakota	SD
District of Columbia	DC	Missouri	MO	Tennessee	TN
Florida	FL	Montana	MT	Texas	TX
Georgia	GA	Nebraska	NE	Utah	UT
Hawaii	HI	Nevada	NV	Vermont	VT
Idaho	ID	New Hampshire	NH	Virginia	VA
Illinois	IL	New Jersey	NJ	Washington	WA
Indiana	IN	New Mexico	NM	West Virginia	WV
Iowa	IA	New York	NY	Wisconsin	WI
Kansas	KS	North Carolina	NC	Wyoming	WY

13. Enter the city and state of your residence.
14. Leave blank.
15. Leave blank.
16. Leave blank.

## **SECTION B TRAVEL VOUCHER MAILING ADDRESS OPTIONS**

17. Check this block so the voucher payment is sent to your salary payment address.

18. Leave blank.

19-21. Leave blank. Employees may only receive travel reimbursement at their salary check address.

## **SECTION C TRANSPORTATION COSTS**

22-27. Leave blank.

## **SECTION D CLAIMS**

Leave all sections blank except:

31. The rate, miles, and total will be automatically completed from Section G.

32. Tolls will be automatically completed from Section G.

33. Total claim will be automatically completed from Section G.

## **SECTION E ACCOUNTING CLASSIFICATION**

45. Check this box.

## **SECTION F CERTIFICATIONS**

47. Employee requesting reimbursement for travel expenses must sign and submit the AD-616 to the MGC Branch Office.

48. Identify the date, in the MM/DD/YY format, that the voucher was completed.

**Note:** The date entered cannot be before the ending date of travel.

49. Leave blank.

## **Second Page of Form AD-616 and Form AD-617**

Social Security No.: Enter the last 4 digits of your social security number (XXX-XX-1234).

Traveler's Name: Enter your Last Name, First Name, Middle Initial format.



### ITINERARY FROM:

Date: Identity the date(s) of travel. Use the MM/DD format.

City: Enter the location where travel originated (residence, city, or plant).

State: Leave blank.

Time: Leave blank.

### TO TDY LOCATION:

Date: Enter the date that you arrived at the TDY location.

City: Identify the location where travel ended.

County: Leave blank.

State: Leave blank.

Time: Leave blank.

### MILEAGE:

Local travel: Claims for local travel mileage must be entered on a daily basis. Include an explanation for the mileage in the remarks section --- or in lieu of daily explanations -- enter claim dates, the words "local travel," and attach an MGC-58 as supporting documentation of the claim.

Mileage only when on TDY: Locations need to be explained on a daily basis and an MGC-58 attached as supporting documentation.

**Note:** Vouchers received with only "local travel" indicated, without supporting documentation, will be returned to the claiming employee unprocessed.

### PARKING, TOLLS, ETC.:

Enter the parking and toll expenses incurred while traveling. Receipts must be submitted for parking expenses. Receipts for toll expenses should be obtained and submitted if available.

### **General Travel Information**

1. Claims may be made on a monthly, bi-monthly, or quarterly basis. Vouchers claiming less than a \$50 reimbursement should be held until sufficient mileage amounts can be claimed.

2. Supplies cannot be claimed on travel vouchers. Supplies are to be requested from the MGC Branch Office.
3. The AD-616 can only be used to claim local mileage, parking and tolls, or TDY mileage if that is all that is being claimed.
4. All claims involving per diem, airfare, rental cars, ATM fees, etc., must be submitted by completing a voucher in GovTrip.

## **Reviewing and Approving Documents**

When errors are noted during the review process, the person conducting the review is to return the document to the submitting employee for correction. Personnel approving documents should only correct information when the submitting employee is on leave status.

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## TRAVEL VOUCHER (Temporary Duty Travel)

1. TRAVEL AUTHORIZATION NO.	2. SOCIAL SECURITY NO.	3. NAME (Last) (First) (Middle Initial)		4. AGENCY CODE
5. AGENCY ORIGINATING OFFICE NUMBER	6. TRAVELER ORIGINATING OFFICE NUMBER	7. DATES OF TRAVEL EXPENSES FROM THRU Month Day Year Month Day Year		8. TYPE CLAIM (Indicate one type only) DM = Domestic FG = Foreign TDY OC = Outside Cont. U.S. GR = Escorted Group
				9. RECLAIM AMOUNT INCLUDED
10. LEAVE TAKEN Y = Yes N = No	11. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)	12. OFFICIAL DUTY STATION CITY AND STATE	13. RESIDENT CITY AND STATE (If other than official station)	
14. POST APPROVAL INDICATOR Y = Yes N = No	15. TOTAL NIGHTS LODGING	16. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS		

<div>17. SALARY ADDRESS</div> <div>18. T&amp;A CONTACT POINT</div>	19. SPECIAL ADDRESS		20. FOREIGN ADDRESS		21. TRAVEL EFT ACCOUNT	
	1. (35) ▶					
	2. (35) ▶					
	3. City (20) ▶		State (2) ▶		Zip code (9) ▶	

[illegible]

28. SUMMARY OF SUBSISTENCE						
TDY LOCATION				NO. OF DAYS	AMOUNT	
CNTRY CODE	CITY CODE	CITY or COUNTY	STATE			
					\$	

**TOTALS** ▶

← Excess Fare	(Check If Applicable)		← Non-contract	(Ins Co)
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	<b>45. AUTHORIZATION ACCOUNTING</b> (Check this block if accounting and purpose of travel code(s) from travel authorization are to be charged for the total voucher claim.)	<b>PURPOSE OF TRAVEL CODES</b> 1 - Site visit 2 - Information meeting 3 - Training attendance 4 - Speech or presentation 5 - Conference attendance 7 - Entitlement/home leave 8 - Special mission travel 9 - Emergency travel 10 - Other travel 11 - Pre-employment travel 13 - Rest and Recuperation 14 - Education 15 - Informal training
	<b>46. DISTRIBUTED ACCOUNTING</b> (Check this block distribute total claim from Section D to the applicable Purpose of Travel Code and Accounting Classification line.)	

[illegible]

## SECTION F - CERTIFICATIONS

**CLAIMANT'S RESPONSIBILITIES AND SIGNATURE.** I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States Government. All tickets, coupons, promotional items and credits received in connection with travel claimed on this voucher have been accounted for as required by 41 CFR 301-304 and other regulations. I have reviewed this voucher and certify it to be correct.

47. CLAIMANT'S SIGNATURE	48. DATE Month    Day    Year	49. FINAL VOUCHER INDICATOR  Y = Yes    N = No
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50. APPROVING OFFICER'S SIGNATURE \_\_\_\_\_

29. PER DIEM	\$		NFC USE
--------------	----	--	---------

No. of Days			
30. ACTUAL SUBSISTENCE			

No. of Days	[	]			
31. MILEAGE					
Rate [	.445	¢	Miles [	]	
Rate [	¢	Miles [	]		
Rate [	¢	Miles [	]		
Rate [	¢	Miles [	]		

32. PARKING, TOLLS, ETC.		-	
33. PLANE BUS FERRY			

33. PLANE, BUS, TRAIN			
(Paid by Traveler)			

%	34. UNACCOMPANIED BAGGAGE			
---	---------------------------	--	--	--


35. LOCAL TRANSPORTATION	-	
--------------------------	---	--

36. MISCELLANEOUS EXPENSES			
----------------------------	--	--	--


37. CAR RENTAL			
----------------	--	--	--

38.	TOTAL CLAIM	\$	-	
-----	-------------	----	---	--

	(Blocks 29 thru 37)	\$		
%				

39. TRAVEL ADVANCE AMOUNT OUTSTANDING			
---------------------------------------	--	--	--

40. AMT. OF VOUCHER (Block 38) TO BE APPLIED			
--	--	--	--

TO OUTSTANDING ADVANCE (Block 39)			

41.	AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION		
-----	--	--	--

TO OUTSTANDING BILL FOR COLLECTION			
BILL NO.	➡		

42. ADDITIONAL ADVANCE AMOUNT REPAID			
--------------------------------------	--	--	--

(Check or money order attached)			
---------------------------------	--	--	--

43. REMAINING ADVANCE BALANCE			
-------------------------------	--	--	--

	(Block 39 minus Block 40 and Block 42)			
44	NET TO TRAVEL	\$		

44.	NET TO TRAVELER (Block 38 minus Block 40 and Block 41)	\$	-
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AUDITED BY (Examiner's Initials)	TOTAL DIFFERENCE
----------------------------------	------------------

SOCIAL SECURITY NO.		52. DATE APPROVED	53. PHONE (Area Code and No.)
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32. DATE APPROVED \_\_\_\_\_  
 Month Day Year

CONTACT PERSON'S NAME					56. PHONE (Area Code and No.)				
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FORM AD - 616 (USDA) (Rev 11/96)

**USDA - National Finance Center, P.O. Box 60000, New Orleans, LA 70160**

Exception to SF 1012 approved by GSA 11/20/96

SOCIAL SECURITY NO.		TRAVELER'S NAME														
<b>SECTION G - SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED</b>																
ITINERARY FROM												<b>TOTALS</b>  Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet				
DATE (Month/Day)																
CITY																
STATE																
TIME																
TO TDY LOCATION																
DATE (Month/Day)																
CITY																
COUNTY																
STATE																
TIME																
PER DIEM												TOTAL NO. DAYS				
NO. OF DAYS																
LODGING (Receipt Required)																
MEALS AND INCIDENTAL EXPENSES																
LESS MEALS AT GOVERNMENT EXPENSE																
												TOTAL PER DIEM				
PER DIEM AMOUNT												\$				
ACTUAL SUBSISTENCE												TOTAL NO. DAYS				
NO. OF DAYS																
LODGING (Receipt Required)																
BREAKFAST																
LUNCH																
DINNER																
M&IE/OTHER																
												TOTAL ACTUAL SUBSISTENCE				
ACTUAL SUBSISTENCE AMOUNT												\$				
MILEAGE												TOTAL MILES				
MILES																
RATE PER MILE		0.445	¢	0.445	¢	0.445	¢	0.445	¢	0.445	¢	0.445	¢	0.445	¢	
												TOTAL MILEAGE				
MILEAGE AMOUNT												\$				
PARKING, TOLLS, ETC.												TOTAL PARKING				
												\$				
PLANE, BUS, TRAIN (Paid By Traveler)												TOTAL PLANE, BUS, TRAIN				
												\$				
UNACCOMPANIED BAGGAGE												TOTAL UNACCOMPANIED BAGGAGE				
												\$				
LOCAL TRANSPORTATION												TOTAL LOCAL TRANSPORTATION				
NO. TRIPS																
DAILY EXPENSE												\$				
MISCELLANEOUS EXPENSES												TOTAL MISCELLANEOUS				
TELEPHONE CALLS																
SUPPLIES, ETC.												\$				
CAR RENTAL (Paid By Traveler) Receipt and Car Rental Agreement Required												TOTAL CAR RENTAL				
RENTAL EXPENSE																
GASOLINE EXPENSE												\$				
REMARKS																
Mileage rate of _____ cents per mile approved as advantageous to the government. <input type="checkbox"/> Lodging tax of _____ per day, total _____ <input type="checkbox"/> ATM fee _____ <input type="checkbox"/> Local telephone access fees from motels _____ <input type="checkbox"/> Personal calls made in accordance with provisions contained in AMS Directive 226.2 and LSP Instruction 226.1 _____ <input type="checkbox"/> Laundry (personal) - coin operated laundry facilities used, no receipts were obtainable. June 14, 2000 MOU _____ <input type="checkbox"/> Laundry (frocks) - coin operated laundry facilities used, no receipts were obtainable. June 14, 2000 MOU _____																

## Exhibit B

☐ THIS DOCUMENT HAS BEEN REVISED

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURE MARKETING SERVICE										NAME ( Last, First, Middle Initial)										EQC			SUPERVISOR					PAY PERIOD NUMBER															
EMPLOYEE WORK REPORT AND TIME AND ATTENDANCE																							FROM:					TO:															
CERTIFICATION STATEMENT: I certify that all regular time, leave, overtime, night differential and holiday time was worked according to law and regulations										SIGNATURE:													DATE:																				
NORMAL HOME - TO - WORK										<div><div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div><div><div></div></div></div><div><div>F.T.</div><div>SCEP</div><div>NT</div><div>AN</div><div>CU</div><div>ST</div></div></div>			OFFICIAL DUTY STATION										FIRST WEEK										CODE	SECOND WEEK									
MILES		MINUTES											ACTUAL DUTY POINT																														
DATES		LOCATION / ACTIVITY								EQUIP	HOURS		MILES	CERTIFICATE / CHARGE DOCUMENT				HOURS	O/N	CU	S	M	T	W	T	F	S	TOTAL		TOTAL	S	M	T	W	T	F	S						
																													01														
																													11														
																														21													
																														25													
																														61													
																														62													
																														66													
																													66 <sup>2</sup>														
																													31														
																													62 <sup>62</sup>														

NAME ( Last, First, Middle Initial )

PRIVACY STATEMENT
Collection of your Social Security number is authorized by Executive order 9397 and will be used solely for the purpose of positive identification. Furnishing this information is voluntary , but failure to do so may result in disapproval of this request

[illegible][illegible][illegible]

ACRONYMS	
CM	DEPARTMENT OF COMMERCE
DY	DAIRY PROGRAM
FS	FOOD SAFETY AND INSPECTION SERVICE
FV	FRUIT AND VEGETABLE PROGRAM
MG	MEAT GRADING AND CERTIFICATION
MN	LIVESTOCK AND GRAIN MARKET NEWS
PY	POULTRY PROGRAM
CT	COTTON AND TOBACCO PROGRAM
AP	APHIS

# Exhibit C

**Note:** Traveler is liable for the value of the tickets issued until all tickets or coupons are properly accounted for on the Travel Voucher.

## 1. ACTION CODE (Indicate one type only)

<b>E</b> = Establish <b>A</b> = Amend	<b>C</b> = Cancel <b>V</b> = Advance Only (Complete Sections A, E, and F Only)	2. AUTHORIZATION DATE	MONTH	DAY	YEAR
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## SECTION A - IDENTIFICATION

3. TRAVEL AUTHORIZATION NO.	4. SOCIAL SECURITY NO.	5. NAME (Last) (First) (Middle Initial)			6. AGENCY CODE
7. AGENCY OON	9. ESTIMATED DATES OF TRAVEL EXPENSES FROM Month Day Year THRU Month Day Year		10. TYPE TRAVEL (Indicate one type only) DM = Domestic GR = Escorted Group FG = Foreign OC = Outside Cont. U.S. FT = Foreign Transfer TS = Transfer of Station RT = Return Travel OT = Outside CONUS ToS		11. GOVERNMENT CREDIT CARD HOLDER Y = Yes N = No
8. TRAVELER OON					
12. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)	13. OFFICIAL DUTY STATION CITY AND STATE		14. RESIDENT CITY AND STATE (If other than official station)		

## SECTION B - EMPLOYMENT STATUS (Check the appropriate employment status block.)

15. PAYROLLED BY NFC	16. NOT PAYROLLED BY NFC	17. NEW HIRE	18. SPECIAL APPOINTEE	19. NONGOVERNMENT
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## SECTION C - ITINERARY AND ESTIMATED EXPENDITURES

20. FROM		21. TO				Subsistence Codes P=Per Diem A=Actual Subsistence S=Special Rate	23. AUTHORIZED EXPENDITURES					
CITY	ST	CNTRY CD	CITY CD	CITY, COUNTY or REGION	ST		CODE	LODGING	M and IE	RATE	NO.DAYS	ESTIMATED AMOUNT
								\$	+	=	x	= \$
									+	=	x	=
									+	=	x	=
									+	=	x	=
									+	=	x	=
									+	=	x	=

22. PURPOSE OF TRAVEL (Give explanation)	Total Subsistence	\$
	POV: Rate	

## SECTION D - ACCOUNTING CLASSIFICATION

25. Distribute Total Estimated Expenditures from Section C to the applicable Purpose of Travel Code and Accounting Classification line.						Rate		
PURPOSE OF TRAVEL CODES 1 = Site Visit 2 = Information Meeting 3 = Training attendance 4 = Speech or presentation 5 = Conference attendance 6 = Relocation 7 = Entitlement/Home leave 8 = Special mission travel 9 = Emergency travel 10 = Other travel 11 = Pre-employment 12 = First post of duty 13 = Rest & Recuperation 14 = Educational 15 = Informal training						Rate		
						Rate		
						Other (Specify)		
						Unaccompanied Baggage		
PURPOSE CODE	ACCOUNTING CLASSIFICATION					PERCENTAGE	Car Rental	
						%	Common Carrier Tickets	
							Transportation Mode	Method of Purchase
							Use of Non-contract Airline	Insert Code
							Excess Fare	
							Excess Baggage	
							GSA Auto	
							24. Total Est. Expenditures Authorized	\$

THESE PERCENTAGES MUST EQUAL 100%

## SECTION E - TRAVEL ADVANCE

26. ADVANCE REQUEST METHOD (Select one method only) C = Check or DD/EFT T = Travelers Checks I = Imprest Fund E = Emergency (Wire) W = Wire Confirmation S = Embassy Issued Advance L = Embassy Collect. Advance	32. ADVANCE MAILING ADDRESS OPTIONS			
	SALARY ADDRESS	T&A CONTACT POINT	SPECIAL ADDRESS (Required for new hires, special appointees, and nonGovernment travelers)	FOREIGN ADDRESS
	1. (35)			
	2. (35)			
	3. (City) (20)		State (2)	Zip Code (9)
27. AMOUNT OF ADVANCE APPLIED FOR	33. IMPREST FUND CASHIER			
\$	SOCIAL SECURITY NO.		SIGNATURE	
28. BALANCE FROM PREVIOUS ADVANCE	34. ADVANCE RECEIVED (Cash or Travelers Checks)			
\$	DATE RECEIVED Month Day Year		APPLICANT'S SIGNATURE	
29. TOTAL ADVANCE AMOUNT				
\$				
30. APPLICANT'S SIGNATURE	31. DATE APPLIED FOR Month Day Year		SEE PRIVACY ACT STATEMENT ON REVERSE	

## SECTION F - AGENCY APPROVAL

35. APPROVING OFFICER'S NAME AND TITLE (Last, First, Middle Initial) (Type or Print)	AGENCY CODE	36. SOCIAL SECURITY NO.	37. DATE APPROVED Month Day Year	38. PHONE (Area Code & No.)
39. APPROVING OFFICER'S SIGNATURE	40. CONTACT PERSON'S NAME			41. PHONE (Area Code & No.)
42. REMARKS				

Upon completion and approval, submit original to:

USDA -- National Finance Center, P.O. Box 60,000, New Orleans, LA 70160

FORM AD-202 (USDA) (Rev. 11/96)

Exception to SF 1038 approved by GSA 11/20/96